



2123

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of: Karchmer et al.

Attorney Docket No.: ALTRP049

Application No.: 09/275,527

Examiner: Craig, Dwin M.

Filed: March 24, 1999

Group: 2123

Title: BEHAVIORIAL DIGITAL  
SIMULATION USING HYBRID CONTROL  
AND DATA FLOW REPRESENTATIONS

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on February 26, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: \_\_\_\_\_

Agnes Spence

## AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

MAR 02 2004

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	25	MINUS	28	0	x 9 =	x 18 = 0
Independent Claims	5	MINUS	5	0	x 43 =	x 86 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a \_\_\_\_\_ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. ALTRP049).

Respectfully submitted,  
BEYER WEAVER & THOMAS, LLP

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